

Name
in
Full

CERTIFICATE OF DEATH

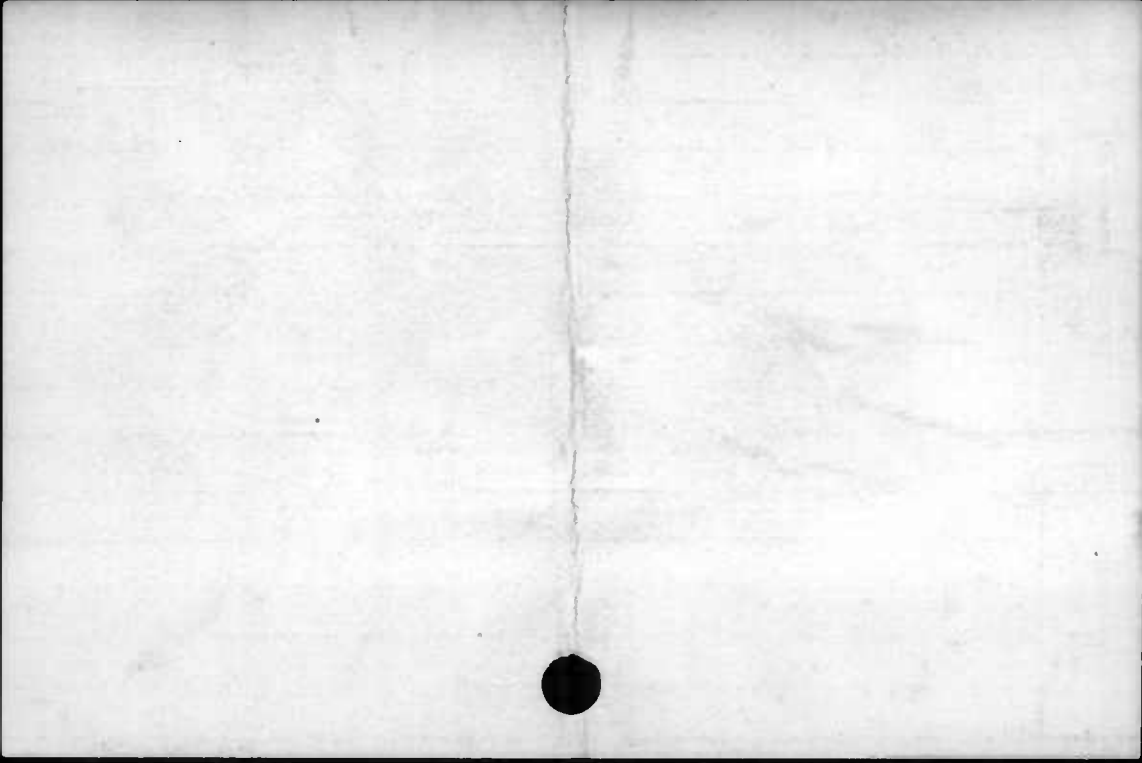
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Fannee</i> ^{Town}		<i>Kent.</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>10</i>	Age <i>90</i>	Months <i>5</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Kent. Co. Md.</i>		
Occupation <i>Shoe maker.</i>	Where Residing if not at place of death <i>Mrs. Walter Stoker.</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Sarah Ann Ashley</i>				
Father's Name <i>William Ashley</i>	Father's Birthplace				
Mother's Maiden Name <i>Mary Middleton</i>	Mother's Birthplace				
Name of person giving information <i>Walter Stoker</i>	How related to deceased <i>Son in law.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Endocarditis, Pulmonary Bronchitis</i>	How long <i>1 1/2 yrs.</i>
Immediate <i>Cerebral. Anemia, exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank W. Smith</i>
	Address <i>Fannee Md.</i>
Accident or Suicide?	



PHYSICIAN
OR CORONER

Derry Boyer

CERTIFICATE OF DEATH

Died at	Town	County
Alma House.		Kent

MARYLAND

Date of death 1906	Month May	Day 22	Age 68	Years	Months	Days
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Sex	Male	Color or Race	Black	Birth-place	Dash Krum
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Occupation None Where Residing If not at place of death

Married, Single or Widowed *Sub Km.* Name of Wife or Husband *Sub Km.*

Father's Name	Dent. Knew.	Father's Birthplace	Dent. Knew.
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Mother's Maiden Name *Doub. Kerner* Mother's Birthplace *Doub. Kerner*

Name of person giving information	Sandra Harce	How related to deceased	Son
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CAUSES OF DEATH

Primary	<i>Episth.</i>	<i>172</i>	How long	<i>2 yrs.</i>
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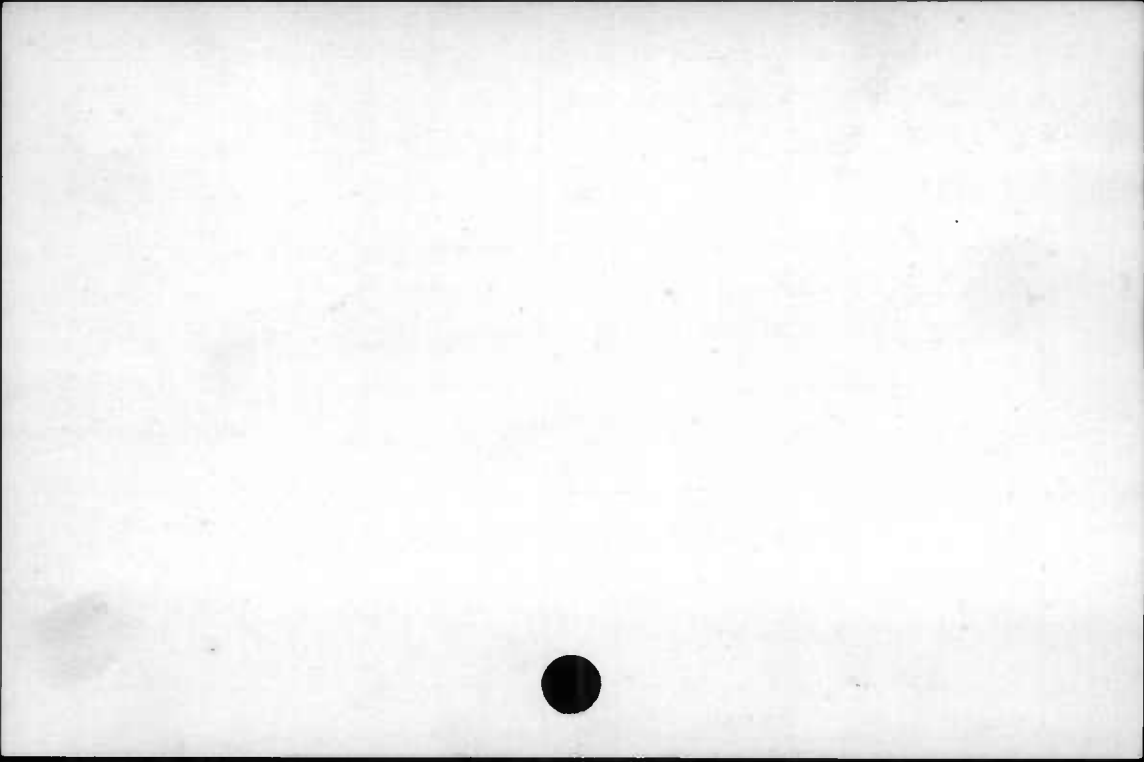
Immediate Amherst Prison  How long 12 weeks

Are the name, age, sex, color, date
and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sassafus</i>		Town <i>Sassafus</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>May</i>		Day <i>24</i>		Age <i>53</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Sassafus</i>		Months Days	
Occupation <i>Housework</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband			
Father's Name <i>Henry Miehls</i>				Father's Birthplace			
Mother's Maiden Name <i>Eliza Miehls</i>				Mother's Birthplace			
Name of person giving information <i>Mary Cephas</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phtisis Pulmonalis.</i>	<i>(27)</i>	How long <i>2 years</i>
Immediate <i>Pneumonia.</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. S. Ritchie</i>	
	Address <i>Middletown</i>	
	<i>Del.</i>	
Accident or Suicide? <i>No.</i>		



Name
in
Full

Bertha Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Locust Grove</u>		Town <u>Kent</u>		County <u>Kent</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>15</u>	Age <u>33</u>	Years	Months	Days	
Sex <u>female</u>	Color or Race <u>White</u>		Birth-place <u>W. S.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>_____</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Silden Cooper</u>						
Father's Name <u>Wm Miller</u>	Father's Birthplace <u>U S.</u>						
Mother's Maiden Name <u>Elizabeth Aldridge</u>	Mother's Birthplace <u>U S.</u>						
Name of person giving information <u>Mrs Bonwell</u>	How related to deceased <u>Sister</u>						

CAUSES OF DEATH

Primary <u>Child birth</u>	How long <u>(137)</u>
Immediate <u>Septic infection</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. J. Barwick</u>
	Address <u>Kennedyville Md</u>
Accident or Suicide? <u>_____</u>	

PHYSICIAN
OR CORONER

Chestertown

Name
in
Full

Katie P Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Date		Month		Day		Years	
of death		1906		5		18	
Sex		Male		Color or Race		White	
Occupation				Birth-place		Newington	
Married, Single or Widowed				Where Residing if not at place of death		(151)	
Father's Name		Edw. Thomas Davis		Father's Birthplace		Kent	
Mother's Maiden Name		Mary Wells		Mother's Birthplace		Laes	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Thrombosis	How long	Week
Immediate	" "	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		McCombs	
		Address	
		Newington	
Accident or Suicide?			

1990

Name
in
Full

Oliver Burnard Davis

CERTIFICATE OF DEATH

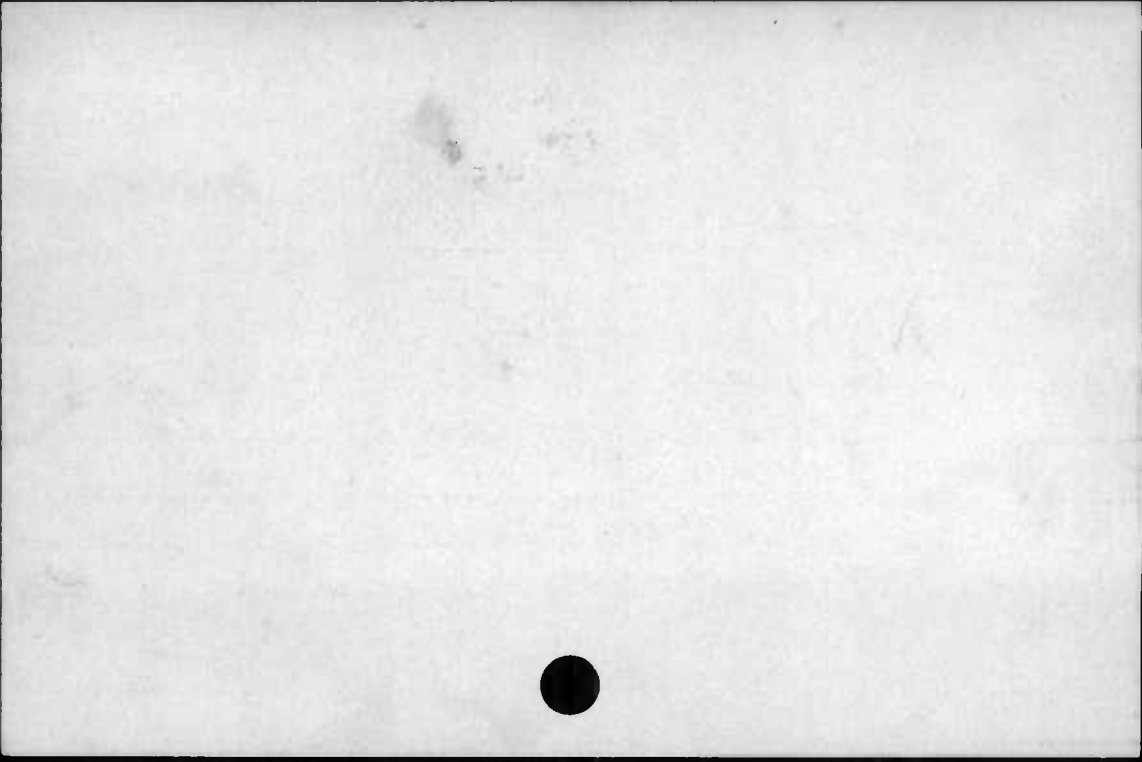
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i>		Town <i>Kent-</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>May</i>		Day <i>19th</i>		Years <i>Age 6 days</i>	
Sex		Color or Race <i>White-</i>		Birth place <i>Rock Hall, Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Carroll Davis</i>				Father's Birthplace <i>Rock Hall, Md</i>			
Mother's Maiden Name <i>Mary Magdalene Carter</i>				Mother's Birthplace <i>Kent Co. Md</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Constipation, Convulsion</i>	How long <i>two days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Beall M.D.</i>
	Address <i>Rock Hall Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Bertie Somers
near Millington Kent
Town County

MARYLAND

Died at
Date of death 1906 Month 3 Day 2 Age 26 Years Months Days

Sex Female Color or Race Black Birth-place Md

Occupation Servant Where Residing if not at place of death

Married Single or Widowed Name of Wife or Husband

Father's Name Not known Father's Birthplace

Mother's Maiden Name Sallie Potts Mother's Birthplace Md

Name of person giving information Olate Saman How related to deceased Mother by adoption

CAUSES OF DEATH

Primary Tuberculosis How long

Immediate Hemorrhage How long 13 or 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr W H Jacob

Geo L. Gorman Address Millington Md

Accident or Suicide? Aortic Coroner

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Etta Edwards

MARYLAND

Died at ^{Town} Chestertown ^{County} Kent.Date of death 1906 ^{Month} May ^{Day} 13 ^{Years} Age 28 ^{Months} 3 ^{Days} 16Sex Female ^{Color or Race} White ^{Birth-place} Kent CoOccupation Housework ^{Where Residing if not at place of death} At home.Married, Single or Widowed Single ^{Name of Wife or Husband}Father's Name William Edwards ^{Father's Birthplace} Dont KnowMother's Maiden Name Sarah C. McGuire ^{Mother's Birthplace} Dont know.Name of person giving information Mrs T. H. Eliason ^{How related to deceased} No body

CAUSES OF DEATH

1116

Primary Peritonitis ^{How long} 1 weekImmediate 11 ^{How long} 1 Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Brunge Simmons

Address Chestertown

Accident or Suicide? No

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

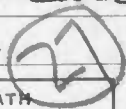
J & H Chester Conn.

Name
in
Full

John Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mary wee</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>May</i> ^{Month}	<i>15</i> ^{Day}	Age <i>4</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wm Johnson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Josephine Dorman</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Father</i>			How related to deceased 		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis, following measles</i>	How long <i>3 or 4 months</i>
Immediate <i>Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Simpson</i>
	Address <i>Chestertown</i>
Accident or Suicide? <i>No</i>	

J. B. H. Morgan and family

Name
in
Full

Myrtle Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Worton Point</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>14</i>	Years <i>10</i>	Months	Days
Sex <i>Female</i>		Color or Race		Birth-place <i>Del</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Geo Jones</i>		Father's Birthplace			
Mother's Maiden Name <i>Angeline Stewart</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Alice Comings</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Dr. attending, since</i>
	Address <i>W. H. Hesser's death</i>
Accident or Suicide? <i>No</i>	<i>if 92 years old</i> <i>Local Board of Health</i>

St George's (col.) cemetery
Haver Ville —

John M. Dodd
undertaker,

Name
in
Full

Mable Kennard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at May ^{Town} Coleman		^{County} Kent		MARYLAND	
Date of death 1906	Month May	Day 27	Age 1	Years 4	Months Days
Sex female	Color or Race Black		Birth-place U.S.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James O. Waller		Fether's Birthplace U.S.		
Mother's Maiden Name	Elizabeth Kennard		Mother's Birthplace U.S.		
Name of person giving information	Alexandra Wilson		How related to deceased Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis,	How long	6 mo.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes,	Signature of Physician	Wm S. Maxwell,
		Address	Slitt Pond, Md.
Accident or Suicide?			

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Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

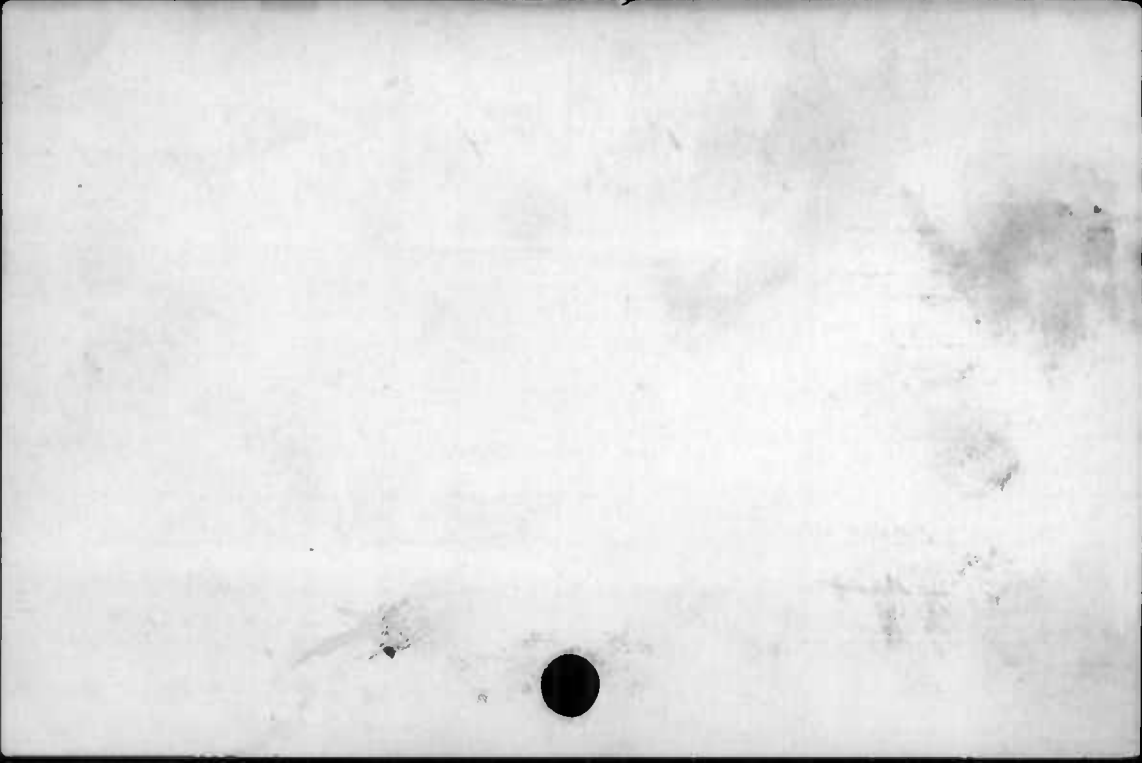
MARYLAND

Died at <i>Blacks</i> Town		<i>Kent</i> County			
Date of death <i>1906</i> Month <i>May</i> Day <i>1</i> Age <i>4</i> Years <i>4</i> Months <i>—</i> Days <i>1</i>					
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Blacks Md</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Perry Riley</i>		Father's Birthplace <i>Kent Co Md</i>			
Mother's Maiden Name <i>Mary Goldsboro</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Perry Riley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 months</i>
Immediate <i>Pneumonia, Bronchitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Samuels</i>
	Address <i>Summerville Md.</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Lynch</i>		Town <i>Stut</i>		County <i>Stut</i>		MARYLAND	
Date of death	1906	Month	May	Day	25	Age	52
Sex	male	Color or Race	black	Months	2	Days	—
Occupation	merchant		Where Residing if not at place of death		—		
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	Benjamin Ringgald				Father's Birthplace	U.S.	
Mother's Maiden Name	Hannah Wilson				Mother's Birthplace	U.S.	
Name of person giving information	—				How related to deceased	Sister.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Lesion</i>		How long	<i>do not know</i>
Immediate	<i>Pericarditis</i>		How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>H. Bunge Simmons</i>	
			Address <i>Chestertown Md</i>	
Accident or Suicide?		<i>No</i>		

Fountain Church -

Name
in
Full

Mrs Emily Smith

CERTIFICATE OF DEATH

MARYLAND

Died at *Rock Hall* ^{Town} *Kent Co.* ^{County}
Date of death *1906* ^{Year} *May* ^{Month} *6* ^{Day} Age *33* ^{Years} Months *5* ^{Months} Days *3* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Kent*
Occupation *Housewife* Where Residing if not at place of death *Rock Hall*

Married, Single or Widowed *Married* Name of Wife or Husband *C. A. Smith*

Father's Name *Geo. R. Sanders* Father's Birthplace *Kent Co.*

Mother's Maiden Name *Gottie Crew* Mother's Birthplace *Kent Co.*

Name of person giving information *C. A. Smith* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Peritonitis* How long *6 days*
Exhaustion How long *One day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Walter D. Selby*
Address *Rock Hall, Kent Co.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towhee</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>22</i>	Age <i>26</i>	Months <i>—</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. Frankler Smith</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Mary K. Chambers</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Frank W Smith</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurg. with Embolus</i>	How long <i>2 yrs</i>
Immediate <i>Art. Embolism Pul. Oedema</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W Smith</i>
	Address <i>Towhee Md</i>
Accident or Suicide? <i>—</i>	

J. E. F. Chester cemetery

Name
in
Full

Mary A. Spear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Warton</u> Town		<u>Kent</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>7</u>	Age <u>65</u>	Months <u>10</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>U. S.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Isa A. Spear</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>Elyse J. Junt</u>	Mother's Birthplace <u>U. S.</u>				
Name of person giving information <u>T. D. A. Spear</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Dysentery</u>	How long <u>10 months</u>
Immediate <u>Exhaustion</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. J. J. J. J.</u>
	Address <u>Kennedyville Md</u>
Accident or Suicide? <u>—</u>	

Union Cemetery -

Name in Full

Certificate of Death

Katie Meloy Stork

Town

County

Died at

MARYLAND

Date 1906 May 8

Month Day Y. M. D.

Age Md.

Occupation Housewife

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 6

Husband or Wife

Thos. Seymour Stork -

Father's Name Isaac Coleman

Mother's Maiden Name Annie E. Dobson

Cause of Death { Primary Immediate

Nephritis

Uræmia

How long sick Two weeks.

Accident, Suicide, Homicide

Reported by H. L. Dodd, M.D.

Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. E. H. Chester con

Name
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Full

Harry B. Vansant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

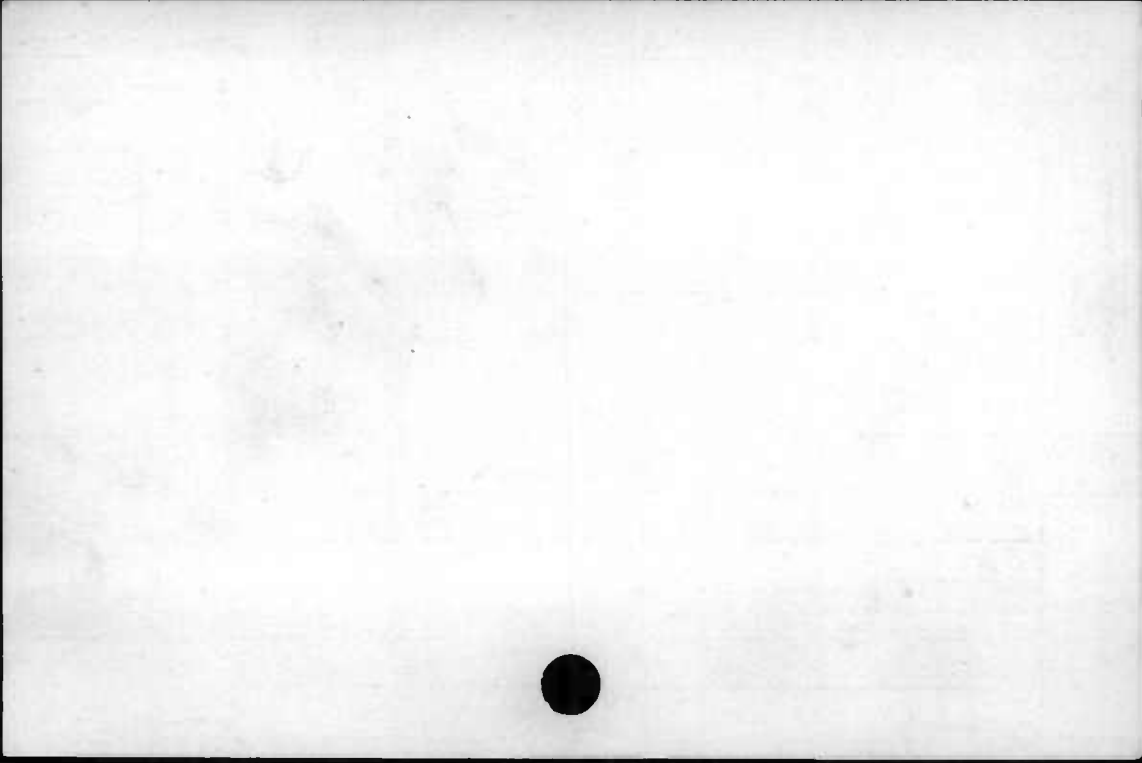
MARYLAND

Died at <i>Galena</i>		Town <i>Galena</i>		County <i>Kent</i>	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>29</i>	Age <i>25</i>	Years <i>25</i>	Months <i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Kent Co., Md.</i>	
Occupation <i>Meat Dealer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John B. Vansant</i>			Father's Birthplace <i>Kent Co., Md.</i>		
Mother's Maiden Name <i>Emily A. Cook</i>			Mother's Birthplace <i>Kent Co., Md.</i>		
Name of person giving In formation <i>Andrew Vansant</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Perforation of bowel</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward A. Scott</i>
	Address <i>Galena, Md.</i>
Accident or Suicide?	



Name
In
Full

John A. Vansant

CERTIFICATE OF DEATH

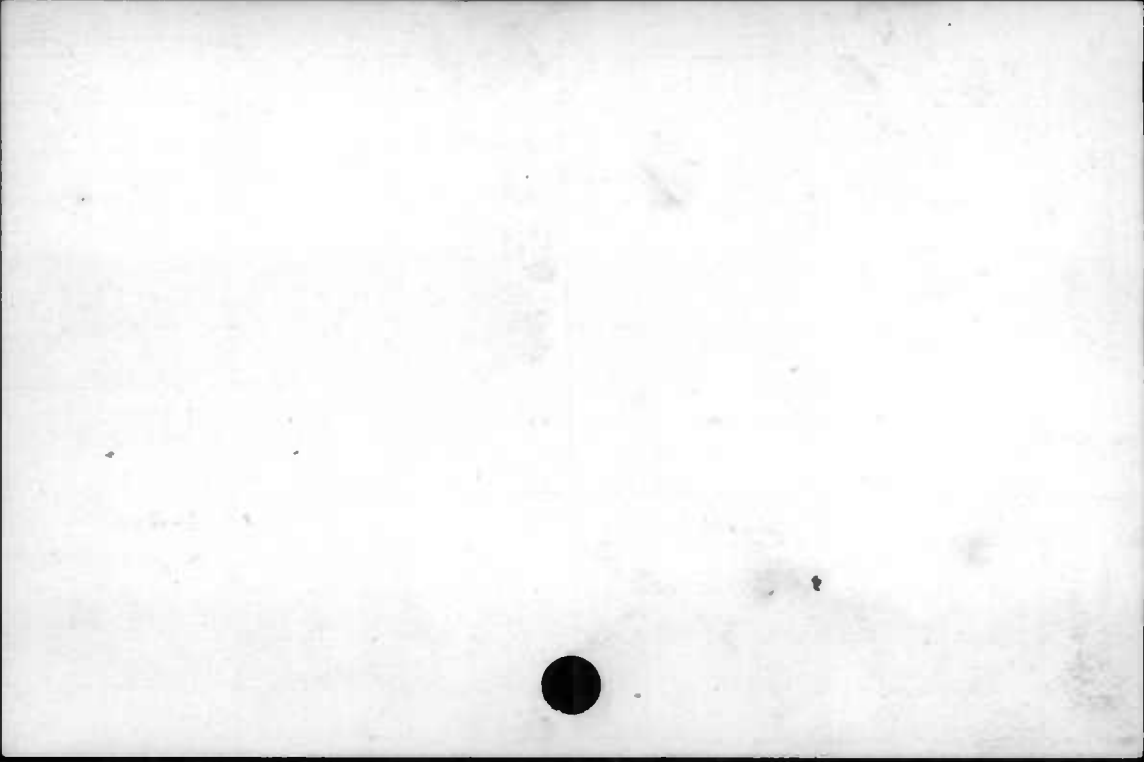
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salina		County Kent		MARYLAND							
Date of death		Month		Day		Years		Months		Days			
1906		May		16		Age		69		7		21	
Sex		Male		Color or Race		White		Birth-place		Kent County, Md.			
Occupation				Merchant and Booty Dealer				Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Emily A. Cook							
Father's Name		Nicholas Vansant						Father's Birthplace		Maryland			
Mother's Maiden Name		Henrietta McDaniel						Mother's Birthplace		Kent County, Md.			
Name of person giving information		John H. Vansant						How related to deceased		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Typhoid Fever		How long		2 weeks	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Edward A. Scott.	
				Address		Salina, Md.	
Accident or Suicide?							



Name
in
Full

John H. Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *New Galena*

Town

Kent

County

Date of death *1906*

Month

May

Day

22

Age

Years

1

Months

1

Days

22

Sex

*Male*Color or
Race*Colored*Birth-
place*Kent Co.*

Occupation

*—*Where Residing if not
at place of death*—*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*William J. Wilmer*Father's
Birthplace*Kent Co.*Mother's
Maiden Name*Annie Hall*Mother's
Birthplace*Kent Co.*Name of person giving
In formation*William J. Wilmer*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Measles

How long

5 days

Immediate

Bronchitis

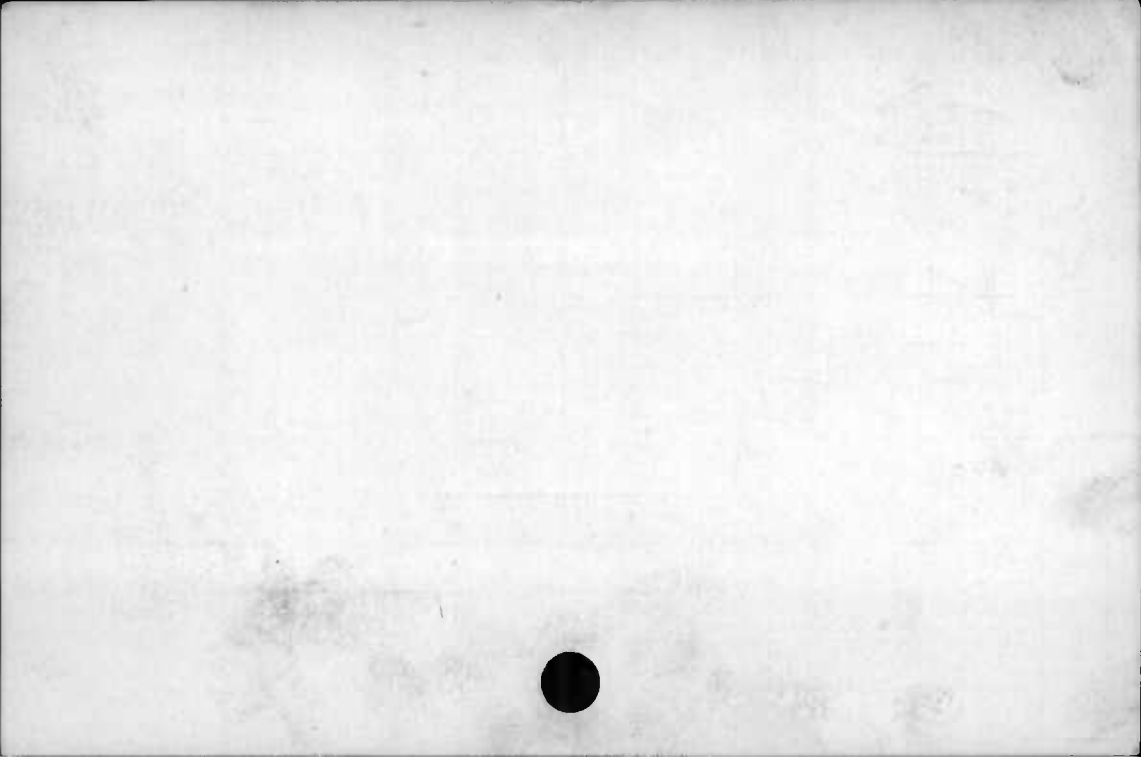
How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Edward A. Scott*

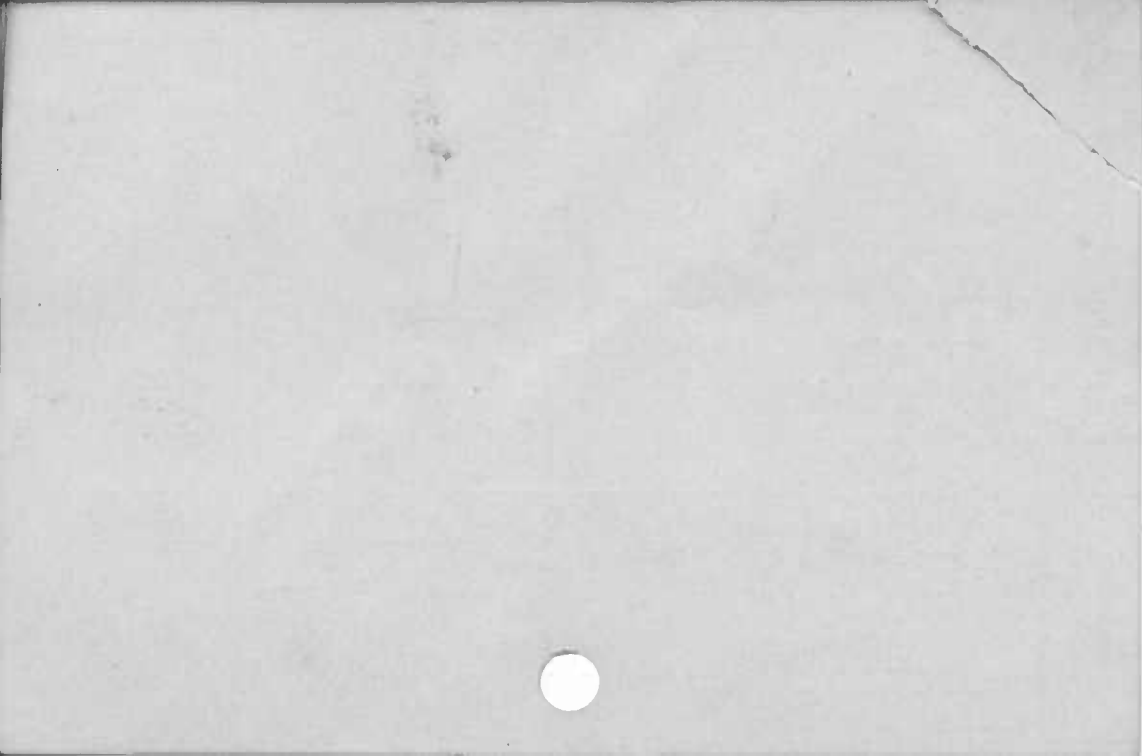
Address

Galena, Ind.

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Tolt</i>		County <i>Kent</i>	
		Town		County	
		Date of death <i>1906 May 26</i>		Age <i>42</i>	
		Month		Years	
		Sex <i>Male</i>		Color or Race <i>Black</i>	
		Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at home</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband	
		Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CAUSES OF DEATH </div>					
PHYSICIAN OR CORONER		Primary <i>Tuberculosis. Pulve.</i>		How long <i>2 years</i>	
		Immediate <i>asthenia</i>		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. P. Townsends</i>	
		Yes		Address <i>Millington Md</i>	
		Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i> ^{Town}		<i>Kent</i> ^{County}			
Date of death <i>1906</i>	<i>5</i> ^{Month}	<i>19</i> ^{Day}	<i>87</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co., Md.</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband				
Father's Name <i>Simon Woodall</i>	Father's Birthplace				
Mother's Maiden Name <i>Fannie Bagwell</i>	Mother's Birthplace				
Name of person giving information <i>Mrs. Lickwood</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>10 Weeks</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Wm. Latimer</i>
	Address <i>Galena, Md.</i>
Accident or Suicide?	

